

Michigan Department of Community Health
OTHER INSURANCE CODE CHANGE REQUEST

INSTRUCTIONS:

- PRINT or TYPE.
- Retain a COPY in DHS Case File.
- Fax: **(517) 346-9817**
- E-Mail: **TPL_Health@Michigan.Gov**

- Mail ORIGINAL to:

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
THIRD PARTY LIABILITY DIVISION
BUREAU OF FINANCIAL MANAGEMENT
PO BOX 30479
LANSING MI 48909**

From:

DHS Specialist	Date	County	District	Section	Unit	Specialist
County DHS Office		Grantee Name				
Telephone Number ()		Case Number				

Change the Other Insurance (OI) Codes for the Following Beneficiaries:

BENEFICIARY NAME	MIhealth NUMBER	CURRENT OI CODE	OI CODE CHANGE

Reason For Change:

<input type="checkbox"/> Divorce →	Date of Divorce	<input type="checkbox"/> Military Discharge →	Date of Discharge
<input type="checkbox"/> Coverage Termination →	Date of Termination	<input type="checkbox"/> Employment Termination →	Date of Termination
<input type="checkbox"/> OTHER (explain): →	Date of Change	Reason:	

Attachments: Attach documentation to substantiate a request to terminate or change insurance coverage, such as a letter from an insurance company or employer. CHECK BELOW:

<input type="checkbox"/> ATTACH LETTER from Insurance Company	<input type="checkbox"/> ATTACH LETTER from Employer
<input type="checkbox"/> OTHER (Attach Documentation / Specify):	

AUTHORITY: Title XIX Social Security Act.

The Michigan Department of Community Health is an equal opportunity employer, services, and programs provider..